

Potential Reduced Exposure/Reduced Risk Tobacco Products: An Examination of the Potential Health Impact and Regulatory Challenges

**COMMITTEE ON GOVERNMENT REFORM
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Statement of Lynn T. Kozlowski, June 3, 2003

Thank you for this opportunity to testify. It is an honor to be here.

Since 1975, I have conducted and published research on tobacco use and been involved with tobacco policy. Since 1990, I have worked at Penn State, where I am currently Professor and Head of the Department of Biobehavioral Health in the College of Health and Human Development. My opinions here today are my own and not necessarily those of Penn State. I do not have funding from the tobacco industry, but I currently am or recently have been funded by the Robert Wood Johnson Foundation, the National Cancer Institute, and the Centers for Disease Control through the Association of Teachers of Preventive Medicine. I have on occasion provided consultation supported by the pharmaceutical industry. I have also testified in lawsuits against the cigarette industry.

Strong, pharmaceutical-style governmental regulation of all tobacco/nicotine products is urgently needed.

Such regulation would provide grounds for commercial claims, help reduce product risks, and help prevent continued abuses of consumers.

Some prominent governmental public health information on smokeless tobacco already makes health claims, is fundamentally misleading, and is not supported by science.

If I were drafting a web-page for youth on smokeless tobacco and cigarettes, I might begin:

**You are dumb to use smokeless tobacco
and way dumber to smoke!**

Contrast the National Center for Drug Information web-site at <http://www.health.org/govpubs/phd633i/> (accessed May 29, 2003)

Tips for Teens: The Truth About Tobacco. . . .

Q. Isn't smokeless tobacco safer to use than cigarettes?

A. No. There is no safe form of tobacco. Smokeless tobacco can cause mouth, cheek, throat, and stomach cancer. Smokeless tobacco users are 50 times more likely to get oral cancer than non-users. Those smokeless tobacco users who don't develop some type of cancer are still likely to have signs of use, like stained teeth, bad breath, and mouth sores.

As generally available in the United States, smokeless tobacco is clearly safer than cigarettes. For example, there is evidence that smokeless is not a significant cause of lung cancer or other respiratory disease, which accounts for about 60 percent of the deaths from cigarettes. This alone is grounds for calling smokeless *safer* than cigarettes. I can't be sure of the scientific basis of the claim that "smokeless tobacco users are 50 times more likely to get cancer than non-users," but wouldn't the more pertinent numbers, given the question of relatively safety, compare the oral cancer risks of smokeless tobacco with the oral cancer risks of cigarettes. The numbers I have seen indicate that smoking is a greater risk of oral cancer than is smokeless tobacco.

Individuals have rights to honest health information. Disinformation should not be used to discourage tobacco use. Making a smokeless user of any age think that smokeless is just as dangerous as cigarettes could actually foster a switch to cigarettes.

But doesn't smokeless tobacco cause cigarette smoking?

The terms "Gateway" and "Starter product" are ambiguous. Concern about product switching should arise mainly if smokeless tobacco is a significant cause of subsequent smoking. But there is little evidence of causation; rather it is more likely that other factors (for example, risk-taking) make some individuals more likely to experiment with both tobacco products and make other individuals less likely to experiment with any tobacco products.

The large majority of male smokeless tobacco users in the United States appear to have either used smokeless tobacco only (and to have never smoked) or started smoking before using smokeless. Therefore, neither group began to smoke as a result of smokeless tobacco use. Research on smokeless tobacco should also explore the extent to which smokeless could prevent smoking in high-risk youth.

The Risk/Use Equilibrium.

Some have expressed concern that more individuals using a reduced-risk product could lead to an overall public health loss. The Risk/Use Equilibrium offers a sense of scale to this truism. Basically the equilibrium plots, for increasing levels of risk reduction, how much increase in use is needed for no change in public health costs to result from a new reduced-risk product. With only a small reduction in risks, as perhaps from a novel cigarette product, even a small increase in the percentage of users of this product could eliminate any public health benefit. For products that reduce risk dramatically, such as medicinal nicotine products, the likely risk reduction is so large that chances for a net public health loss are vanishingly small, if not impossible. For low-nitrosamine moist snuff, the risk reduction is probably so large that an increased number of users would also be unlikely to reach the level of producing a net public health loss..

It will be challenging and may take years to do the needed research to confirm the likely small risk reductions from novel smoked products. However, current toxicological and epidemiological research on smokeless tobacco in the United States and even more so for medicinal nicotine show that significant risk reduction is available from these products.

In closing

The current regulatory vacuum should not keep us from saying: "To use smokeless is dumb and to smoke is dumber--much dumber."

That there is a promise of harm reduction from smokeless tobacco and medicinal nicotine should add to the urgency of objective, governmental regulation. Without such strong regulation, this promise could easily be wasted.

Several papers are appended that provide elaboration of my statement.